

CLAIMS ONLY

Application Number

10/700616

Filing Date

Applicān(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT.		AFTER SECOND AMENDMENT.	
	Indep.	Depend	Indep.	Depend	Indep.	Depend
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
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46						
47						
48						
49						
50						
Total Indep.	4					
Total Depend.	11					
Total Claims	15					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep.						
Total Depend.						
Total Claims						